

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD AND DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

MONTHLY DRUG RESIDUE SCREENING REPORT

(In accordance with the provisions of Act 266, PA 2001 or Act 267 PA 2001)

☐

GRADE A

☐

MANUFACTURING

FOR THE MONTH OF _____ YEAR _____

PLANT NAME _____

If using the SNAP Test
do you have a reader?
☐

Yes

☐

No

BULK MILK TANK SAMPLES SCREENED:

Drug Type	Number	Method Used
Beta Lactams		
Tetracyclines		
Sulfonamides		
Gentamicin		
Other (list)		

OFFICIAL PRODUCER SAMPLES SCREENED:

Drug Type	Number	Method Used
Beta Lactams		
Tetracyclines		
Sulfonamides		
Gentamicin		
Other (list)		

FINISHED PRODUCT SAMPLES SCREENED:

Drug Type	Number	Method Used
Beta Lactams		
Tetracyclines		
Sulfonamides		
Gentamicin		
Other (list)		

NOTE: For method used, please identify method, *i.e.*, Charm II Sequential, Delvo P, Penzyme Milk, Snap Beta Lactam, etc.

Return by the **15th** of each month to:

Dairy Resource Specialist
Michigan Department of Agriculture
P.O. Box 30017
Lansing, MI 48909
Phone: 517/373-9743

Fax: 517/373-9742